



THE ROYAL AUSTRALIAN COLLEGE
OF GENERAL PRACTITIONERS
TRAINING PROGRAM

“MAKING SENSE OF GP LEARNING....”
a Companion to the RACGP Training Program Curriculum

This curriculum companion is for GP registrars and GP supervisors. It will also be useful to those involved in any aspect of general practice learning.

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Preface

“Making Sense of GP Learning.... a Companion to the RACGP Training Program Curriculum” is intended to be a practical guide to using the curriculum. It should be particularly useful to GP registrars and GP supervisors and others involved in general practice learning and teaching.

The RACGP Training Program Curriculum was initially intended to be a ‘core curriculum’. In reality it has become a comprehensive statement of the scope of general practice training, which also incorporates the essential knowledge and skills required for independent practice. While the curriculum is recognised to be a valuable guide and reference, it is not easily accessible for the day-to-day practical aspects of GP learning and teaching.

Throughout the curriculum’s trial phase in 1997/98 a consensus emerged that a curriculum companion should be developed. The intention was to outline the essential knowledge and skills contained in the curriculum, and provide practical advice and resources to support learning in a relatively brief, user friendly format.

Development of this draft curriculum companion and the essential knowledge and skills has been undertaken through the national Curriculum Committee in consultation with medical educators, registrars and supervisors. It was piloted nationally by a sample of supervisors and registrars at the end of 1998. Their feedback has been used to revise the curriculum companion prior to its publication.

The main curriculum document was also revised in late 1998 to improve its quality and presentation and to ensure consistency with the companion.

Both the curriculum and this companion are seen as documents which will evolve and improve as medical educators and GP supervisors, GP registrars continue to use and adapt them to suit different learning and teaching situations. The national Curriculum Committee will continue to undertake wide consultation to review and improve the curriculum and welcome any feedback.



Dr Rod Wellard
Director of Education

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What is the 'Curriculum Companion'?

This Curriculum Companion functions as a practical resource for learning in general practice and as a 'guide' to the curriculum. It contains ideas for GP registrars and GP supervisors about how to discuss day-to-day experiences in general practice and use them to plan and guide their learning. It is cross-referenced to the RACGP Training Program Curriculum and other useful resources and should be used in conjunction with them.

Using this companion

It is intended that you will primarily use this companion during your allocated practice supervision time in discussion with your supervisor. Your individual learning needs and preferred learning style will determine how this could best be done.

Initially refer to the contents page outlining what is in each of the six sections. Then read through the document and familiarise yourself with each section. The ways in which you and your supervisor might use it to guide discussion and learning should then become clearer. The resource section may assist you in this process.

This document will be serving its intended purpose if you find it a valuable source of information about essential GP knowledge and skills, and useful regarding methods, techniques and resources to assist in acquiring them.

Where to begin

Questions commonly asked by registrars early in training are reproduced below to assist you and your supervisor to find relevant information quickly, both in this and other important resource documents.



What is general practice? - Is there an overview or framework?

Initially, general practice seems so diverse that the nature of the discipline appears elusive.

Section 2 of this Curriculum Companion (p) provides a brief overview of both the discipline and the conceptual framework used for developing the curriculum. The *RACGP Training Program Curriculum – Introduction* provides further information.



I'm in my first GP term. Where do I start?

GP registrars with extensive hospital experience have initially felt uncomfortable or stressed in their first GP term.

Section 6 of this Curriculum Companion, Resource 1 (p) - Getting started in general practice, and *Resource 2* (p) - Hints for GP Registrars, provides a practical starting point.

Section 4 (p) will assist you with identifying your learning needs in the first instance.

The annual *RACGP Training Program Handbook* also has useful information about the policies, the organisation and features of the Training Program.



What do I need to learn?

Section 3 of this curriculum companion (p) defines the essential knowledge and skills required for independent general practice. It provides you with a good starting point. *Tool 6* (p) the laminated card provides you with the same information.

Section 5 Tool 4 (p) outlines the essential procedural skills.

The annual *RACGP Training Program Handbook* describes the overall learning objectives.

The *RACGP Training Program Curriculum* individual curriculum statements outline what you need to cover in the curriculum priority areas.



Who can help me with my learning?

Your GP supervisor will help with identifying your learning needs and the learning 'goals' you set yourself. Your medical educator, training advisor and peers are also an accessible source of support and advice.

The annual *RACGP Training Program Handbook* (1999: p31) outlines those people who can assist you and gives a brief description of their roles.



What can I use to help with learning?

Resource 7 – RACGP resources (p) describe all of the RACGP resources available to you. The virtual resource centre is available to you at all times and lists the ever increasing range of learning resources. However the most essential skill is identifying exactly what you *need* to learn and how best to learn it.

Section 5 - Useful tools (p , and *Section 6 - Resources file* (p) provide many different resources you can use to assist you in identifying your learning needs.

Section 4 teaching and learning (p) provides you with some useful information about how we learn as adults and how to identify your learning needs with 4.1 – describing some useful learning and assessment methods.

The RACGP Training Program Curriculum also contains a range of useful methods to guide learning and each curriculum statement lists a range of educational resources relevant to that area.



What do I need to know about specific conditions or the health needs of specific groups of people?

Section 2 in this Curriculum Companion (p), explains how the curriculum is structured using specific conditions and population groups as a framework.

Section 3 (p) describes the essential knowledge and skills in all patient groups and practice contexts.

The RACGP Training Program Curriculum describes the specific conditions in each curriculum statement.



How do I improve my learning and teaching skills?

We are all learners and teachers throughout our professional lives. Our patients are our most valuable teachers, as reflecting on practice experiences, particularly uncomfortable ones, can be valuable learning.

Section 4 - Learning and Teaching (p); *4.1 - Learning and Assessment methods*, *Sections 5 and 6* (p) have useful information on learning and teaching approaches.

The RACGP Training Program Curriculum section on teaching and learning approaches will also be of use.

What is Section 2 about?

Section 2 aims to give you a brief overview of how the curriculum is structured and how you and your supervisor can use it to guide your learning.

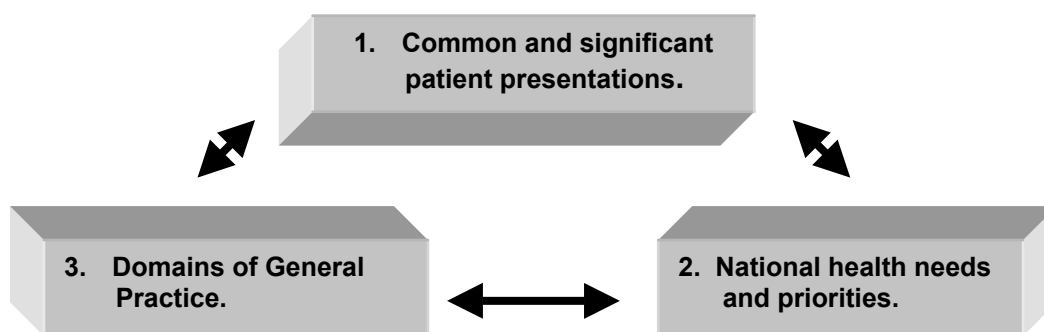
General practice and the structure of curriculum

The Training Program curriculum was written because of a widely held view that the knowledge and skills required in general practice training needed to be documented in a systematic fashion. In addition, the scope of general practice is so large and diverse that an organising framework is needed to describe and make sense of it.

The curriculum also emphasises the need to develop an understanding of the concepts, principles and philosophies which define the discipline of general practice, and the importance of critical thinking and research to improve the quality of practice.

This curriculum framework therefore, is based on three major areas:

1. Common and significant patient presentations.
2. The health needs and priorities of the population.
3. The domains of general practice.



Curriculum framework

This framework is common to both the curriculum and the College Examination.

1. Common and significant patient presentations include:-

- problems that significantly contribute to morbidity and mortality
- common presentations which exemplify general practice
- presentations requiring special skills
- health problems which present differently with different groups
- presentations with a public health significance
- health problems which have been shown to be preventable.

2. Population health needs and priorities include:-

- national health priorities
 - ⇒ reducing health inequalities
 - ⇒ improved access and participation
 - ⇒ intersectoral action
 - ⇒ healthy lifestyles – reduced smoking and alcohol consumption, increased physical activity, improved diet, reduced cholesterol, obesity and blood pressure and
- a focus on the four priority areas in mortality and morbidity
 - ⇒ cardio-vascular health
 - ⇒ cancer control
 - ⇒ injury prevention and control
 - ⇒ mental health
- Aboriginal health
- HIV / AIDS

3. The domains of general practice

The five domains of general practice are:

- ⇒ Communication skills and the patient-doctor relationship
- ⇒ Applied professional knowledge and skills
- ⇒ Population health and the context of general practice
- ⇒ Professional and ethical role
- ⇒ Organisational and legal dimensions.

Understanding the domains of general practice is integral to understanding and using the curriculum as they:

- describe the basic dimensions of the GP's daily role
- are relevant to every patient encounter and every patient group
- represent the basic knowledge and skills necessary for sound independent practice
- apply to every practice location and
- provide a framework upon which teaching and learning may be based.

For more information regarding what is included under each domain refer to the laminated card in this companion, or the domains of general practice in your annual handbook and curriculum.

An outline of the essential knowledge and skills you need to achieve in each domain is contained in Section 3 of this curriculum companion and on the inserted laminated card. You could use this card as a checklist when discussing cases with your supervisor.

The Curriculum priority areas

In addition to the domains, the RACGP Training Program Curriculum also describes twelve major areas or themes. Three relate to the principles and methods; the other nine outline the major patient and population groups that make up the scope of general practice. These twelve curriculum priority areas are:

- Principles and methods of general practice:
 - ⇒ Conceptual basis of general practice
 - ⇒ Critical thinking and research
 - ⇒ Practice management
- Acute and Chronic presentations
 - ⇒ Acute and traumatic conditions
 - ⇒ Chronic conditions
- Age
 - ⇒ Aged care
 - ⇒ Children and young people's health
- Gender
 - ⇒ Men's health
 - ⇒ Women's health
- Groups in special needs
 - ⇒ Aboriginal health
 - ⇒ Ethnic health

For further information refer to the individual curriculum priority areas in the RACGP Training Program Curriculum.

SECTION 3 ESSENTIAL KNOWLEDGE AND SKILLS

What is Section 3 about?

Section 3 outlines the essential knowledge, skills and attitudes required for independent general practice. They are sorted under the domains of general practice, as described in Section 2.

You can use this as a guide when discussing any consultation with your supervisor. This will also assist you to ensure all areas of the consultation are covered and to identify any learning gaps. (The following list is replicated on the laminated card for easy use.)

DOMAIN 1

Communication skills and the patient-doctor relationship

Good communication skills enable GP's to develop a relationship with the patient so as to understand both the illness and the patient's experience of that illness, and on to move freely between clinical problem solving and the patient's experience of the problem.

The GP will:

- establish rapport and be empathic with patients
- develop good listening and language skills appropriate to the patient
- adopt appropriate verbal and non-verbal communication styles for different situations, e.g. emotional states; state of health; intellectual level; cultural background
- elicit the patient's issues, problems and concerns
- engender confidence and trust, and advocate where appropriate
- use body language and touch in an appropriate manner, to establish trust in a therapeutic relationship
- find common ground with patients about their problems and expectations
- negotiate an effective management plan and agree on respective responsibilities and limits with the patient and their family
- communicate as appropriate with significant others (e.g. partner, family)

-
- recognise opportunities for health promotion and education and respond appropriately to increase the patient's capacity for self care
 - confirm the patient's understanding of the problem, management and follow-up (safety netting).

DOMAIN 2

Applied professional knowledge and skills

The application of professional knowledge and skills requires a comprehensive and patient-centred approach. This applies not only to health and disease, but also to the individual's experience of illness in terms of their culture, family and community. This approach includes analysis of the appropriateness and cost-effectiveness of all clinical interactions.

The GP will:

- take a history and perform a physical examination relevant to the presenting problem/s
- develop a working diagnosis from their knowledge, experience and information gathered (transposition)
- critically use investigations and interpret the results to refine the working diagnosis
- recognise and manage the significantly ill patient
- consider the possibility of serious illness inherent in many common presentations
- competently manage common problems including undifferentiated illness
- negotiate, prioritise and implement management plans
- prescribe safely and cost-effectively from an informed knowledge base
- use hospital and community-based expertise, resources and networks effectively
- make valid and timely decisions about referral and follow-up
- develop and maintain essential procedural skills (refer Tool 2 - essential procedural skills (p))
- recognise their own abilities and limitations, responding appropriately
- accept and manage uncertainty
- be critical and discriminating in the use of information from a variety of sources.

DOMAIN 3

Population health and the context of general practice

Population health in the context of general practice, is an essential component of primary health care. The general practitioner has an evolving role, with the potential to influence change at the individual patient, practice and community level within the health care system. This requires a knowledge of the socio-political, economic, cultural and family influences on the health of patient groups in their communities.

The GP will:

- (i) have a working knowledge of a patient's background, family, socio-economic, cultural and spiritual needs in relation to their health.
- (ii) understand and respond to the special needs and characteristics of their practice population including:
 - disease prevention and health promotion
 - screening and recall systems; and
 - access and equity issues.
- (iii) use working knowledge of, and be involved in assisting, the health of the community locally, regionally and nationally, including:
 - participation in community based prevention and education strategies
 - accessing available health services
 - networking with other general practitioners, GP organisations and health care providers
 - involvement in public health systems and strategies, (e.g. notifiable diseases and environmental issues).
- (iv) understand and utilise the Australian health care system, (including its funding, planning, services, policies and community resources).

DOMAIN 4

Professional and ethical role

The General Practitioner's professional and ethical role relates to their behaviour with respect to patients, colleagues and the community. Professional ethics are based on belief systems of the profession and the community. Major components include:

Special duty of care - responsibility, respect and rights. The GP will:

- have a *responsibility* for the optimal care for patients, (including acting on patient cues, respecting patient-doctor boundaries, confidentiality, recognising own limitations, reporting, follow-up and advocacy)
- show *respect* for patients' culture and values, and an awareness of how these impact on the therapeutic relationship
- understand the *rights* of patients to access competent, compassionate care, to be fully informed and to self determination

Reflective skills and self appraisal. The GP will:

- develop the capacity for self awareness, reflection and self appraisal
- develop the skills of lifelong learning
- develop basic skills in clinical audit, critical appraisal and critical incident analysis
- develop professional networks for personal and clinical support
- develop time management and coping skills sufficient to maintain care of self and family.

Maintenance of professional standards. The GP will:

- achieve and maintain professionally defined clinical practice standards
- adhere to the professional codes of ethics
- contribute to the development of general practice by gaining skills in areas such as teaching, research and evaluation.

Definition: A 'duty of care' arises when a patient-doctor relationship is established and the patient's needs involve the risk of injury. Doctors have a duty to exercise due care and skill to avoid any such injury and will become legally liable for the consequences of their own negligence.

Definition: 'Maintaining professional standards' implies that all doctors have an obligation to keep abreast and be informed about technical advances, new techniques and therapy appropriate to the field of medicine in which they practice, or profess to have special skills.¹

¹ Plueckhahn V D et al (ed). cited: *Law and ethics in medicine for doctors in Victoria. Published V D Plueckhahn, 1994, p85.*

DOMAIN 5

Organisational and legal dimensions

The organisational and legal dimensions of general practice require that each practice is considered as an entity which delivers a clinical service to patients in its practice population and the community. There are a wide variety of practice types, with common essential components. There are legal obligations which must be observed from both the business and service perspective.

The GP will:

- use personal organisational and time management skills in practice
- make accurate and legible recordings of consultations, to enable continuity of care by GPs and other colleagues involved
- use and evaluate practice management skills relating to:
 - ⇒ patient access guidelines
 - ⇒ staff management
 - ⇒ teamwork
 - ⇒ office policies and procedures
 - ⇒ financial and resource management
- manage information and data systems relating to:
 - ⇒ clinical standards, guidelines and protocols
 - ⇒ medical records
 - ⇒ information technology
 - ⇒ communication and transfer of patient-related information?
 - ⇒ screening, recall and related systems
 - ⇒ access and confidentiality
- incorporate medico-legal knowledge and responsibilities relating to:
 - ⇒ certification
 - ⇒ confidentiality
 - ⇒ legal report writing
 - ⇒ prescribing
 - ⇒ informed consent
 - ⇒ duty of care
 - ⇒ litigation
- work within statutory and regulatory requirements
- meet acceptable practice standards.

What is Section 4 about?

Section 4 aims to briefly introduce some theory about how we learn as adults and how to identify learning gaps, supported by some examples. It also focuses on the unique features of clinical learning in general practice.

Section 4.1 outlines some useful learning and assessment methods you may use in different circumstances.

Learning and Teaching

We all learn in different ways and it is important to identify and discuss your preferred learning style with your supervisor before each term.

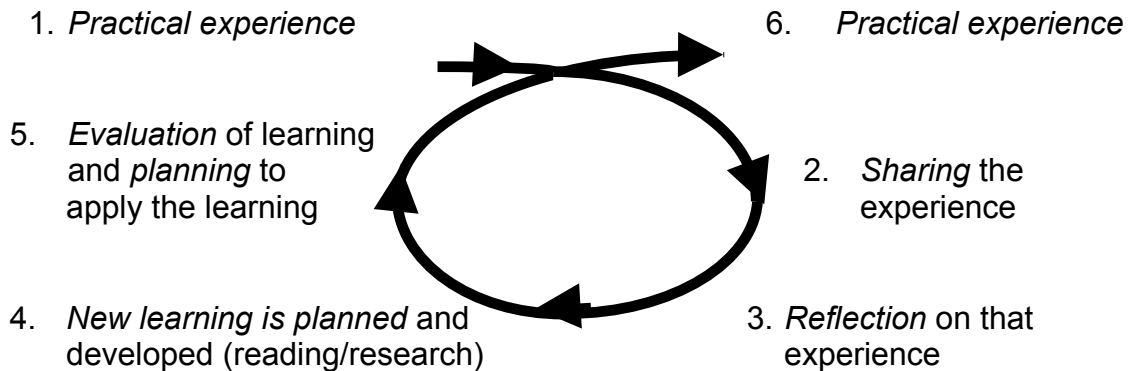
Patient problems and the discomfort we feel from being challenged to deal with them 'drives' our learning. This is called 'experiential' learning, and it is recognised as the basis of the way adults learn.

The Training Program tries to enhance experiential learning by placing you with supervisors, who:

- provide a 'model' of good clinical and professional behaviour
- provide professional, clinical and personal support
- allow time for discussion, teaching and the planning of learning
- provide a good quality practice environment
- encourage and guide reflection on experiences which may increase your personal insight
- stimulate changes in professional clinical and personal behaviour
- help you to identify your specific learning needs and then develop ways to acquire the necessary skills.

All this takes time. Time to reflect on your experiences. Protected time for discussing and building on your reflections with your supervisor and peers in small group sessions. This is called the experiential learning cycle which, when guided by a mentor during training, provides a model for continuing education throughout your professional lifetime.

The experiential learning cycle



How do I identify my learning needs and deal with them?

While patient contacts provide us with a never-ending prompt to update our clinical knowledge, sometimes ‘doctor discomfort’ relates to communication difficulties, problems in clinical pattern recognition, not recognising how our own prejudices may affect the consultation, or other ‘non-clinical’ factors.

Therefore it is important to be able to accurately identifying your learning needs, make focused decisions about how to address them, and know which strategy or learning tool to use to assess and improve your skills.

Accurate feedback about performance is one of the most important means of assisting learning and improving your knowledge and skills. The following examples are intended to illustrate this process.

Example 1: Follow up

The practice receptionist suggests that sometimes patients seem a little reluctant to return to the registrar for follow-up. As the supervisor considers the registrar’s clinical skills are very good, and the registrar gets on well with practice staff and colleagues, the problem seems more likely to relate to essential communication skills within the consultation. After discussion, the registrar and supervisor agree that since communication skills are best assessed by direct observation, the next consultation session will be video-taped and then reviewed together.

The video taped session confirms that the registrar is accurately diagnosing clinical problems and developing appropriate management plans, but is failing to convey them to patients clearly. Nor are his follow-up instructions sufficiently clear. The registrar and supervisor agree to repeat the exercise in one month as a guide to progress.

Example 2: Difficulties in assessing children

A registrar raises the issue of self-perceived difficulties in assessing children. She is particularly concerned about her ability to detect or eliminate the possibility of serious illness in children, as this possibility is inherent in many common presentations. The registrar has had little hospital-based experience with acute illness in children. There is a need for more finely tuned assessment approaches.

The registrar's concerns relate specifically to clinical knowledge and judgement. A combination of assessment/learning strategies may be appropriate. Paediatric 'Check' and similar self-assessment programs will improve basic and applied knowledge. There is also an interactive CD-ROM and a training module on 'Recognising and managing a seriously ill child'. A nearby paediatric casualty offers two sessions per week of supervised experience. A learning plan with specific assessment and follow-up strategies is agreed between the registrar and supervisor.

Example 3: Dealing with difficult patients

A registrar finds recurring difficulty in dealing with demanding patients, often finding himself on the 'back foot' and feeling manipulated into decisions which cause him discomfort. On reflection, the registrar recognises that his discomfort lies between his own lack of confidence to not feeling sufficiently 'professional' and having ready answers to the patients' expectations.

As the registrar and supervisor discuss this further, the nature of the demands becomes more apparent, as does the nature of the professional response required. Possible 'scripts' are then developed for dealing with drug requests, for alternatives to antibiotics, and other problem areas. To his surprise, the registrar finds that role playing these situations helps him better understand patients' needs and he feels more comfortable with his professional role in giving an appropriate response.

These examples are typical of concerns raised by registrars. They illustrate how certain teaching and learning tools lend themselves well to the assessment and improvement of specific types of skills. Having the skills to know which tools to use and when, and being motivated to continue the process of professional development, are essential components of good quality independent professional practice.

SECTION 4.1 *LEARNING AND ASSESSMENT METHODS*

People learn in many different ways, so over and above finding the right tools for the particular task there is also the challenge of matching potentially differing learning styles of registrars and supervisors. Below is a list of methods that may be useful in differing circumstances.

*Methods useful for **self-directed learning** include:*

- reflection and self evaluation (refer Section 5 for possible tools)
- recording experiences and reflections over time and discussing
- participating in small group discussion and peer study groups
- individual study with learning packs, modules, journals and texts
- research and individual projects in areas of interest
- CheckuP2, inter-active CD-ROMS and other computer based programs
- seeking and following up discussion and advice from colleagues.

*Methods useful in **practice supervision and teaching** include:*

- discussing and identifying learning goals and plans for achievement
- informal, opportunistic discussion between supervisor and registrar to review patient management problems
- discussion and/or debriefing of critical incidents
- medical record review, random structured case review
- video and/or audiotape review and feedback
- direct observation and feedback
- using the 'domains' card or problem schemas as a discussion framework
- logging procedures and confidence levels - review and discuss
- ECT visits with verbal and written feedback
- feedback from patients, specialists and practice staff
- observe GP supervisor consultations and discuss procedures, home and hospital visits
- role-playing difficult patient consultations
- demonstration of clinical skills by GP supervisor.

*Methods useful in **educational release programs** include:*

- small group discussion
- role play, use of simulated patients
- use of videos/ 'trigger' tapes to explore controversial or difficult areas
- case study presentation and review
- problem-based tutorials
- critical incident review
- tutorials by GP supervisors and others with special interests and skills
- registrar presentations
- panel discussion and debate.

SECTION 5

USEFUL TOOLS

What is Section 5 about?

Section 5 contains some practical tools which may be of use when developing your learning plan. After determining your learning needs in consultation with your GP supervisor, look through these resources, find and photocopy any that you feel may assist.

If you wish to adapt any of these tools, consult with your supervisor or medical educator to ensure that the modifications best serve your intended purpose.

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TOOL 1

CONSULTATION FEEDBACK FORM

This consultation feedback form² can be used as a self-evaluation tool during an ECT visit OR when video debriefing a consultation. It could also act as a guide to ensure all factors in a consultation have been covered or to provide feedback.

Strongly Disagree Strongly Agree
1 2 3 4 5

INTRODUCTORY PHASE

The introduction to the patient was appropriate
The patient was placed at ease

1	2	3	4	5
1	2	3	4	5

HISTORY-TAKING PHASE

The patient was listened to attentively
Non-verbal clues were appropriately followed up
Appropriate question style was used
Medical jargon was avoided
Appropriate eye contact was made
Psycho-social factors were considered
An examination history was obtained

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

EXAMINATION PHASE

The examination was appropriate to the history

1	2	3	4	5
---	---	---	---	---

DIAGNOSTIC PHASE

Appropriate hypotheses were formed and problems defined
Reasons for coming to the practice were adequately defined
Other relevant problems were defined

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

MANAGEMENT PHASE

Appropriate action for each defined problem was taken
Correct use of time and resources was made
Explanation to the patient was adequate
The patient was appropriately involved in decision making
Illness prevention/health promotion was provided

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

CLOSING PHASE

The timing of closure was appropriate
Appropriate follow-up arrangements were made

1	2	3	4	5
1	2	3	4	5

GENERAL COMMENTS

Empathy and understanding was exhibited
A good relationship was established
The doctor appeared confident and relaxed

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

OVERALL

Overall rating for performance

1	2	3	4	5
---	---	---	---	---

² Hays R.B., *Content validity of a rating scale for General Practice consultations in medical education, 1990, (2): 100-116.*

TOOL 2 *PENDELTON'S CONSULTATION MODEL*

The following Pendleton's³ model of conducting a consultation is a resource that you could use with your supervisor or ECT visitor to identify those areas you would particularly like them to observe during the consultation.

Consultation Tasks

- ◆ Establish and maintain rapport.
- ◆ Define the patient's problem(s)
- ◆ Identify the aetiology of the problem(s)
- ◆ Explore the patient's ideas
- ◆ Explore the patient's concerns
- ◆ Explore the patient's expectations
- ◆ Explore the effects of problems
- ◆ Consider other continuing problems
- ◆ Consider at risk factors
- ◆ Appropriate action for each problem
- ◆ Achieve shared understanding of problems
- ◆ Develop a shared management plan
- ◆ Efficient use of time and resources in the consultation
- ◆ Efficient use of time and resources in long term management.

³ Pendleton et al. *The Consultation*. Oxford University Press 1984

TOOL 3 **NEIGHBOUR'S CONSULTATION MODEL**

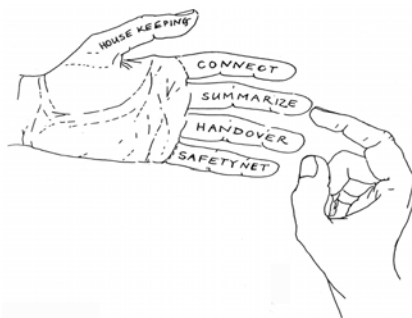
The following consultation model by Roger Neighbour⁴ is a recommended consultation process you could follow. Neighbour states there are five CHECKPOINTS to aim for in each consultation. They are:

1. **CONNECTING** - being able to see the world from the patient's eyes; assessing how they think from the words they use; establishing and maintaining a relationship.
2. **SUMMARISING** - telling the patient the impression of their needs you've formed so far from what they have said; have you got it right?
3. **HANDING OVER** - where the patient feels well enough equipped with information and confident to depart.
4. **SAFETY NETTING** - 'what if?'; time to reflect upon what shall we do if the problem persists or worsens; a health promotion opportunity.
5. **HOUSEKEEPING** - a moment between patients to reflect upon your own personal reaction to this consultation; your thumb is there to remind you to attach as much importance to looking after your own mental health as you do to your patients - self care.

How to use it?

Neighbour links these five 'handy' checkpoints to the fingers and thumb on your left hand, starting with your index finger. He suggests you practice the sequence over a few times looking at each digit as you do and giving it a tap or two with your right index finger-tip. Once or twice in the next half-hour, reinforce this learning by ticking off the checkpoints until you are satisfied the mnemonic is in place.

Neighbour's Consultation Model



⁴ Neighbour R. adopted from *The inner consultation*. Kluwer Academic Publishers, UK. 1994

Paediatrics

- assessment of hydration status
- cardiopulmonary resuscitation of a child
- recognition and management of the seriously ill child
- emergency cricothyroidotomy

Not confident	Confident supervised	Confident unsupervised

Introduction

The following problem schema is an example of a consultation framework taken from the RACGP Training Program Curriculum. It is based on the domains of general practice and the national health goals and targets.

The problem schema aims to provide you with a simple holistic framework to reflect upon the 'big picture' after conducting any consultation. It will assist you and your supervisor to explore the differences in diagnosis, management, safety netting and explore the less obvious perspectives of the presentation.

For example: following a consultation with a febrile child the schema will assist you in distinguishing between an innocent common problem and a potentially fatal one, whilst considering the implications for the family, the community and its relevance to achieving the national health priorities.

How to use it

The schema is useful for both group or individual settings.

- ◆ Refer to the following blank example. Copy it on an overhead for a group, or on paper for individual use.
- ◆ Read through the example on the next page.
- ◆ Discuss a recent consultation with your supervisor or small group using the laminated domains card as a guide.
- ◆ Under each domain heading on the schema write down the details of the consultation.
- ◆ Are there any family or community issues to consider?
- ◆ What were the relevant national health priorities?

Schemas can also be a useful tool to reflect upon your progress in conducting consultations.

SCHEMA 1

PROBLEM

You see Jane aged 3 years. She has had a febrile illness for 2 days and now has a temperature of 39.3°C. She had a fever 8 weeks previously. History and physical examination suggest a viral infection. Her mother pleads for antibiotics in order that Jane can return to day care quickly.

Communication skills and the patient-doctor relationship

- ♦ Establishing a rapport with Jane
- ♦ Appreciating the mother's anxiety (guilt) about losing her job if Jane is not accepted by day care.
- ♦ Explaining the natural history of Jane's presumed viral illness and the indications for review in a way that mother finds convincing.

Applied professional knowledge and skills

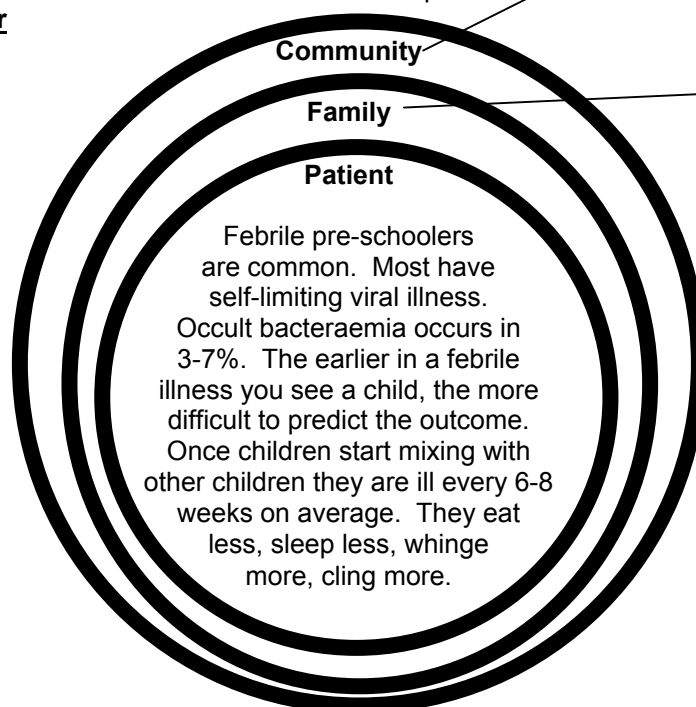
- ♦ Knowledge of viral illness; presentation and natural history.
- ♦ Awareness of occult bacteraemia
- ♦ Awareness of the difficulty of recognising urinary tract infections in this age group.
- ♦ When, if and how to investigate.

Reference:

(1) *Paediatrics* 1994, 124. p585-588

JANE

Do the day care centres in your area accept children with coughs and colds?
Could better access for child care centres to GPs improve outcomes for mothers, families and therefore patients.



Relevant National Goals and Targets

- Goal 1 Reduce the frequency of preventable mortality ✓
- Goal 3 Reduce the incidence of vaccine, preventable disease ✓
- Goal 5 Enhance family and social functioning ✓

- ♦ The need for a second income.
- ♦ Fear of unemployment.
- ♦ Individuals face developmental tasks but so do families.

Organisational and legal dimension

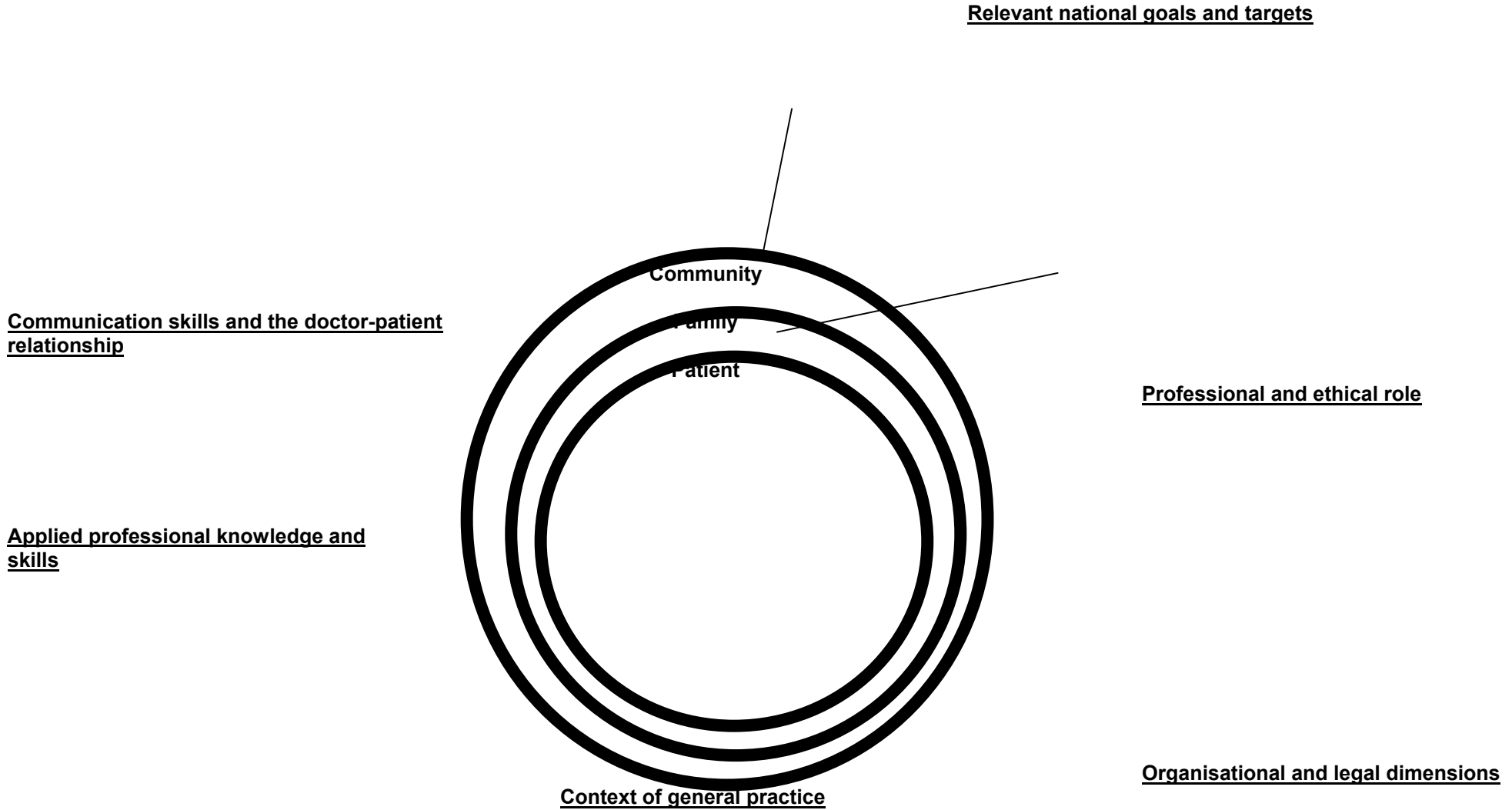
- ♦ Consider barriers to effective follow-up
- ♦ Did you check immunisation status at the first visit? At this one?

Context of general practice

- ♦ Parental anxiety and lack of sleep causes irritability
- ♦ Parental irritability makes children's behaviour worse
- ♦ Attitudes to antibiotics in our culture
- ♦ Attitudes to fever in our culture

SCHEMA 2 (blank)

PROBLEM



SECTION 6

RESOURCE FILE

What is Section 6 about?

This section provides you and your supervisor with some starting points when you go into your first or a new GP term.

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RESOURCE 1 GETTING STARTED IN GENERAL PRACTICE

The following list outlines some important issues that you and your GP supervisor may wish to discuss when you start in a new general practice term.

Practice

1. Business structure of the practice
2. Characteristics of the community and the patients
3. Staff issues
4. Billing system
5. Ancillary services including x-rays and pathology
6. Referral systems

Professional

7. Recall systems, results review
8. Medical record system
9. Writing reports
10. Medical reports
11. Prescription drugs and drugs of addiction
12. Medico-legal aspects of general practice
1. Provider number, vocational register

Personal

14. Confidentiality
2. Legal agreement - terms and conditions
16. Entry skills, knowledge and learning needs.
17. Roster after hours call
18. How to care for yourself
19. Dress and behaviour code
20. Accommodation

These topics could also be documented in The Practice Manual made available to you in the practice.

RESOURCE 2

LEARNING PLAN

The following learning plan is intended to assist you with planning your learning. It is best used at the beginning of each term to document the outcomes of discussions between you and your supervisor about your learning goals.

Practice _____

Supervisor _____ **Dates** _____

Nature of placement e.g. size, location, profile, specialities, etc.

Learning Plan

(Document what you, your supervisor, and training adviser, have agreed are your learning goals and strategies for this term.)

Trigger questions to think about and discuss

What knowledge and skills do you want or need to develop this term?

Where do you think your strengths and weaknesses are?

What particular opportunities exist in this practice to develop particular skills?

How confident do you feel in particular areas?

How can you plan to have sufficient exposure to your areas of need?

What clinical skills do you need to develop?

What areas do you want particular teaching time in?

How are you going to go about the learning and teaching process?

It is often helpful to review this plan towards the middle and the end of your term to identify any gaps, progress or opportunities.

RESOURCE 2

LEARNING PLAN

Feel free to photocopy this and store it in your portfolio folder.

Practice _____

Supervisor _____ **Dates** _____

Nature of placement e.g. size, location, profile, specialities, etc.

Learning Plan

(Document what you, your supervisor, and training adviser, have agreed are your learning goals and strategies for this term.)

ENHANCING GP SUPERVISOR TEACHING TIME

When starting out in a new practice it may be useful to have some hints on how other questions have made the most out of their teaching time.

- Take **responsibility** for your own learning.
- Discuss the topics** you would like to explore and find out what topics your supervisor thinks are of value.
- Negotiate ahead of time** when teaching sessions will take place and suggest that *adequate space be blocked out* in the appointment schedule for both of you. Try not to leave it to a situation 'when we find the time' as these are often never found.
- Enlist the support** of the reception staff. Explain that teaching is a significant part of your training and encourage them to minimise interruptions during that time.
- Keep a list** of issues or patient management queries that come up during your consultations that you would like to discuss further.
- Make the most of other practice staff.** *Identify each member's area of expertise or special interest* and arrange to spend time learning with, and from them.
- Circulate and display a list** of things you would like to see, such as physical signs or procedures, and display it in a prominent place like the tea or procedure room. This may remind others to show you things you are interested in.
- Question and challenge** your supervisor about issues you have read in journals, learnt at educational release sessions or lectures. By exploring different people's opinions and experiences, you can then decide the best way *for yourself*.
- Make the most of long lunch breaks or quiet sessions.** Use this time to:
 - sit in on consultations with your supervisor
 - accompany them on home visits or trips to nursing homes and
 - visit the local pharmacist, physiotherapist, pathology lab, radiologist, etc.
- If you are not getting the allocated amount of teaching time tell somebody,** sooner, rather than later. Firstly, raise it with your supervisor and if it does not improve notify your medical educator or registrar liaison officer.

⁶ Piejko E., *Tips for the Registrar*. Poster Presentation National Medical Education meeting, Sydney 1997.

MAXIMISING YOUR TEACHING TIME

When starting out with a new registrar it may be useful to have some hints about how to get the most out of your teaching.

- ❑ We are all **teachers and learners**, your registrar colleague may have skills and knowledge to share with you.
- ❑ **Negotiate teaching ahead of time**, ad hoc teaching tends not to occur in busy practices. Make these arrangements at the beginning of each week. Teaching should occur within normal working hours, but this can be negotiated with the registrar. Breakfast meetings can be a good time as there are fewer interruptions.
- ❑ **Explain the importance of the teaching session to other staff.** Try to discourage interruptions, leaving the surgery is sometimes useful.
- ❑ **Try different methods of teaching** to see what suits the occasion and the learning style of the registrar involved. Possibilities include:
 - ⇒ Direct observation - registrar of supervisor, supervisor of registrar
 - ⇒ Review selected consultations
 - ⇒ Review the medical records for a full session
 - ⇒ Undertake mini audits of investigations, referrals or scripts
 - ⇒ Review videos of patient consultations, both of your own and the registrars
 - ⇒ Book in procedures such as removal of lesions, wedge resections
 - ⇒ Use role plays to reinforce management of difficult issues or patients and arrange to sit in on that patient's next appointment
 - ⇒ Discuss and debate journal articles, drug company presentations, lecture material
 - ⇒ Book selected patient(s) for direct observation to highlight particular issues
 - ⇒ Discuss management of common problems, eg URTI, smelly feet
 - ⇒ Use the curriculum for ideas and topics
 - ⇒ Seek feedback from, and be sensitive to, the needs of the registrar.

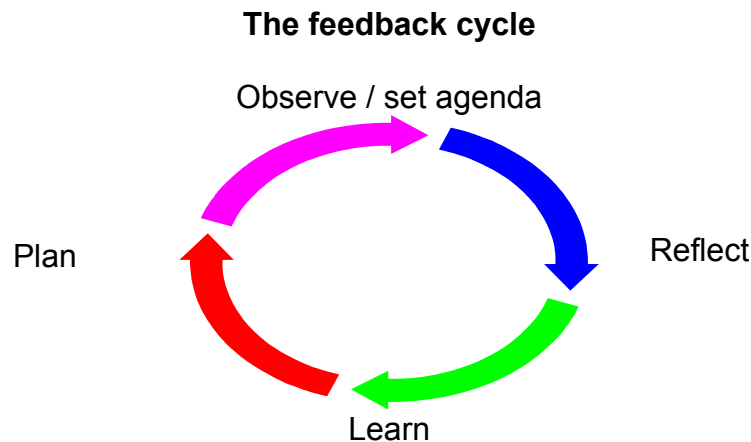
-
- ❑ **Consider the different learning style** of registrars and be flexible in your teaching approach.
 - ❑ **If an emergency does arise**, or you have to do a home visit during the teaching time, turn it into a teaching opportunity. Many registrars do not see many elderly patients, people with chronic problems or go to nursing homes.
 - ❑ **Help the registrar to identify needs** and develop a list of topics to be covered during the teaching time. Include areas they may not think of such as practice management, medico-legal aspects, domestic violence, youth suicide, CME, etc.
 - ❑ Make a conscious effort to **provide feedback at regular intervals**. This will be from your own observations, comments from patients and staff.
 - ❑ **Use the medical educator as a resource**. Try to spend some time with them during external clinical teaching visits. Discuss methods of teaching, topics covered, and perhaps have them debrief you, and the registrar on a teaching session.
 - ❑ **Make use of sessions run by the Training Program**. This is an opportunity for you to contribute and gain ideas, discuss any difficulties you may be having and enjoy the company of fellow supervisors.
 - ❑ **Encourage the registrar to find out more about the services in your local area**. Arrange for them to meet the pharmacist, visit the local radiology/pathology lab, and spend time with allied health professionals.

Teaching is an essential component of the GP Term and should be a rewarding experience for you both.

The following feedback cycle will be useful to supervisors, ECT visitors and medical educators in providing constructive feedback to registrars. It is based on principles of adult education, supported by literature and has been developed and trialed in GP training.

The feedback cycle

The feedback cycle outlines the essential steps to provide the most optimal educational benefit from giving feedback after observing a consultation. Each step in the feedback cycle can be broken down into skills, which can be learned. Most of the skills are already used by GPs in their daily dealings with patients.



In any consultation the role of observer and practitioner can be played by either GP supervisor or GP registrar, as this is a two way learning and teaching process.

The following is a way in which discussion can be stimulated *following observation of the consultation*. They include:

1. Observe the consultation - set agenda for discussion.
2. Reflection
3. Identify what has been learned and what needs to be learned.
4. Formulating a learning plan.

The cycle is seen as being complete when a new behaviour is observed in a subsequent consultation.

STEP 1 Setting the agenda for discussion

Both will have observed the consultation content, speech, silences, body language, their own feelings, the practitioner's examination and/or procedural techniques.



The goal: is to choose those things you both observed that will maximise the educational value of the feedback session. Some will be mutual and may have been agreed upon before the patient entered the room.

For example: The observer may have been asked to concentrate on the process used to make the patient feel at ease, picking up on non verbal cues.



How do you set the agenda? – Some suggested questions

Setting the agenda need not be a long or complicated process. It may simply be responding to a couple of the following statements and agreeing on the priorities.

- ◆ 'What would you like to discuss about that consultation?'
- ◆ 'Can we discuss the diagnosis of hypertension?'
- ◆ 'The things I would like to talk about are.....'
- ◆ 'I noticed that your final management plan changed from what you first suggested. Can we talk about how that happened and how you feel about it?'
- ◆ 'That consultation took 4 minutes and the one before took 35 minutes. Both patients were charged the same. Lets talk about how we make decisions about billing patients.'

Other processes to use to set the agenda

Pendleton's list of consultation tasks or Neighbour's consultation model can be useful 'maps' to establish common goals for observation and feedback (refer Tool 2 and 3 p 21,22).

Give the registrar a list of Pendleton's consultation tasks prior to the consultation and ask them if there is anything on the list that they want the observer to focus on during the consultation.

STEP 2 Reflection

Reflection involves discussing the identified issues to discover the lessons learned and uncover the learning needs. This is where most of the work is done – learning.



The goal: is for a change in behaviour to take place due to the experience.

Through the use of questions you will

- facilitate the reflective process and enable learning to take place
- raise awareness of skills, common consultation patterns, feelings and reactions
- encourage synthesis and analysis from observations made
- stimulate lateral, logical and intuitive thinking.

This process requires a balance of challenge and support, so that the practitioner feels stimulated to learn rather than resentful or defensive.



Some examples of questions that reflection are:

- ◆ What are your usual ways of opening a consultation?
- ◆ How do you think this patient responded to the technique you used this time?
- ◆ I wasn't certain what you were looking for when you asked
- ◆ What has been your learning so far on....?
- ◆ How do you think the results of the test you ordered will alter your management?
- ◆ How much will that cost?
- ◆ What did the patient do to make you offer an alternative treatment?
- ◆ Under what circumstances do you initiate anti-hypertensive treatment?

STEP 3 Identify what has been learned and what needs to be learned



The goal: is to check whether both parties think the reflective process has been productive and useful.

Identifying what has been learned will mostly take place during the reflection process. It will be obvious and informal. It is not necessary to make a list of everything that has been learned. However, new knowledge and understanding may need to be clarified by both parties in order to identify learning gaps.

STEP 4 Formulating a learning plan



The goal: to establish the most effective method of turning an identified learning need into a learning experience. It may involve a plan of practising a technique, reading a chapter, doing a library search, or ringing a specialist.

For example: if a practitioner was asking mostly closed questions, the plan may be to make a list of the closed questions used. Change them into open questions. Put the new list on the practitioner's desk. Observe or discuss the results of asking at least one of the open questions in each subsequent consultation.

A few brief notes

Things may run smoother if both GP supervisor and registrar are familiar with the feedback cycle. Just as in a consultation, there are a number of tasks which flow smoothly from one to another and overlap. So it will be with the feedback cycle.

The observer is no more likely to say "Now we have set the agenda, I am going to ask you some reflective questions", than a practitioner is likely to say to a patient, "Now we have introduced each other and established rapport, I am now going to take a history".

Many GP supervisors will be able to look back on past debriefing sessions and be able to identify that they have frequently or routinely followed the steps in the feedback cycle. It is hoped that others will be able to identify where they can do some work to enhance their effectiveness in achieving their desired outcome.

It is therefore recommended that those who are unfamiliar with using this feedback cycle participate in some education activity to assist them to adapt their clinical skills to the educational context. Ideally this activity would involve practice using the feedback cycle and the associated micro skills.

For further information, contact Dr Graeme Thompson at the ACT Training Program office, telephone (02) 6251 5206, fax (02) 6251 5307.

Stress and its' Effects

Stress is a part of life and may be a beneficial adaptation to the demands of living. Up to a point, increased arousal results in improved performance, however when arousal passes an optimum performance begins to break down (the Yerkes-Dodson curve).

There are many factors in the practice of medicine that can result in higher than average levels of arousal:

- Long hours of work
- Constant pressure to make correct decisions
- Uncertainty
- Inadequate time to relax
- Administrative duties (ever increasing)
- Balancing family and professional life.

The problem is compounded by the fact that doctors have difficulty in submitting to the role of patient, and may either deny problems or self-medicate.

A plethora of research over the past 20 years has shown doctors to have higher than average levels of dysfunctional outcomes such as depression, severe anxiety, substance abuse and suicide. Female doctors show a greater increase in suicide than male doctors using age /gender matched data.

General Practitioners and recently qualified doctors do not escape the problem; in fact there is some evidence to the contrary.

What can we do?

Firstly to **be aware** of the situation and what can help to prevent problems is half the battle. This allows for a plan to avoid the causes of excessive stress.

Secondly we need to **stop denying** clear symptoms and signs of stress. Increasing use of alcohol or sleeping tablets, irritability with others, becoming cynical toward patients are sure signs of stress. When your partner says 'you're stressed', they're usually right.

Thirdly follow three "**Golden Rules**":

- ◆ **Debrief.** When you experience any stressful or worrying situation find someone to talk to about it. It may be a colleague, your partner or a friend.
- ◆ **Get a GP.** It is of importance that you have an unbiased and trusted advisor to counsel, advise and if necessary prescribe for you. Self-treatment and self-prescription can be dangerous.

-
- ◆ **Balance your life.** Plan your life to strike a balance between your personal and professional commitments. Everyone needs to have time to relax and to enjoy personal and family pursuits.

You may also find it useful to discuss the following issues with your GP supervisor during one of your teaching sessions:

1. How to select your own GP?
2. The role of the Doctor's Health Advisory Service in your state
3. Coping with:
 - ⇒ ambiguity and uncertainty
 - ⇒ mistakes
 - ⇒ patient dissatisfaction/complaints
 - ⇒ your emotional response to patient circumstances
 - ⇒ unrealistic expectations
4. Warning signs of not coping
5. The importance of debriefing
6. Coping with personal illness / becoming a patient
7. Health care of your family.
8. Ways to find the balance..... *"Remember, you balance till you fall over!"*

Health Advisory Agencies for Doctors

Nation-wide:

The Doctors' Health Advisory Service (DHAS) is a confidential phone service staffed by fellow professionals in most States. It provides assistance for doctors with any medical or personal problem.

CRANA Bush Crisis Line: Ph: 1800 805391 toll free nation-wide for professional debriefing. The Council of Remote Area Nurses of Australia offers a 24 hour counselling and debriefing service for rural health professionals and their families.

States:

ACT:

DHAS Ph: 015 265 411 or use NSW numbers (02) 9437 652.

New South Wales

DHAS: Ph: (02) 9437 6552 first contact, or (02) 9419 7062.

Northern Territory:

DHAS NT Use NSW phone number (02) 943 76552 24 hours.

Assistance available through NT branch of AMA (08) 8927 7004 and CRANA Bush Crisis Line as above.

Queensland:

DHAS Ph: (07) 383 34352 24 hours

Queensland Rural Medical Family Network

Ph: 0412 987737.

South Australia:

DHAS Ph: (08) 8379 4088.

Tasmania:

DHAS Ph: (03) 6223 2047

Victoria:

DHAS Ph: (03) 9866 4202 Fax: (03) 9867 8170.

Western Australia:

DHAS (08) 9321 3098 or (08) 9273 3000 (24 hours).

RESOURCE 7

A PRESCRIPTION FOR STRESS MANAGEMENT⁷

Take as required:

1. Take care of yourself

For your own sake and for the sake of others to whom you relate. Sick doctors are of little use to anyone. We cannot teach health and model illness.

2. Attend to the basics

Nutrition, exercise and sleep. If you are run down you are much more vulnerable to stress.

3. Prioritise or timetable activities

To renew your energy or help you to unwind. Find out what works for you and plan to include it in your schedule. Don't just wait until you get around to it. You won't!

4. Develop a network of supports

Who would you turn to if you were involved in a bereavement? A relationship crisis? A medical mistake? A health problem?

5. Be aware that you play a role as a doctor

You respond differently in that role from the way in which you would in other roles in life, e.g. lover, friend, daughter etc. It may be appropriate to develop strategies or rituals for stepping in and out of the medical role. Ideas which work for some doctors:

- Change your clothes when you come home from work (as an actor changes costume).
- Set aside the first half hour or hour of the evening for discussion about events at work and after that, the topic of medicine is off limits, except in special circumstances or crises.
- Keep up involvement in activities where your profession is unknown or irrelevant.

6. Ask for help

If you are sick, unhappy, not coping, depressed, using addictive patterns for getting by, take the advice that you would give your patients and get appropriate support NOW!

7. Work to keep up creativity and spirituality

Whatever form they take in your life, they are important parts of who you are as a person and as a doctor.

⁷ RNZGP cited Laing R. A prescription for stress management *Teachers Resource Kit* RNZCGP 1998.

8. Say no

Say no to feeling overly responsible for patients, to unreasonable demands on you, to extra stresses, to commitment which threaten your relationships or personal maintenance time, to anything that gets you down, winds you up or generally makes life harder than it needs to be. (If your “no” is not heard, try sharing it with a colleague or three. When one person makes a complaint it may be seen that the problem belongs to that person. When twenty people make a complaint the problem belongs to the system and even if nothing changes, you still have the support of the other nineteen).

This list looks so common sense and obvious, but look around and you will see colleagues who are doing none of the above. You deserve better.

The following resources are available to all registrars and supervisors.

Virtual Resource Centre

The National Resource Centre (located in the National office in South Melbourne) operates as a distance and virtual library in providing a free service to all registrars and members of the College regardless of their geographic location in Australia.

The borrowing collection consists of books, periodicals, slides, CD-ROMs, videos and audio cassettes.

Using the internet, the Resource Centre is virtually accessed through the College homepage. Users are able to search the catalogue for material and information, undertake their own *Medline* or Cochran collection searching and be linked to addresses on the internet, where appropriate.

The Resource Centre also provides a reference service, an interlibrary loan service, a journal service and literature searching using several medical databases.

You can contact the Resource Centre on:

telephone (03) 9214 1519, fax (03) 9214 1403 or via the internet www.racgp.org.au

College resources

As one of the benefits of the registrar membership fee, registrars receive copies of:

- *Australian Family Physician (AFP)*, the RACGP's official publication. *AFP* uses authors whose expertise is relevant to the work of GPs. It contains articles of practical usefulness, research articles and continuing education quizzes.
- *Continuous Home Evaluation of Clinical Knowledge (CHECK)*, an educational magazine that provides 12 different units each year on a particular medical topic. This consists of 100 examination questions which subscribers can answer on a computer answer sheet and send to the College for marking and CME points.

Essential Training Program resources (available through your State office)

- *The RACGP Training Program Curriculum* consists of 12 curriculum statements that outline the knowledge, skills and learning experiences, required for competent unsupervised general practice.
- *“Making Sense of GP Learning... a guide to the curriculum”*, RACGP Training Program, 1999. Provides practical tools and resources to using the curriculum, specifically for GP supervisors and registrars.
- *RACGP Training Program Log Book*. The Log Book is intended to assist registrars to record their training experiences and activities and is used as evidence of satisfactory completion of the Training Program.
- *RACGP Training Program Annual Handbook*. The Handbook is published annually and provides essential details, structure and policies about the Training Program.
- *The College Examination: A Handbook for candidates and examiners*. This handbook is published annually and provides information on objectives, processes, segments and examples of questions in the College Examination. It is available from the Assessment and Examination Department. Telephone (03) 9214 1414, fax (03) 9214 1400.
- *Aboriginal Health Training Module, RACGP Training Program, 1998*. This training module outlines a 5 segment process to achieving the required learning objectives of the Aboriginal Health curriculum statement and should be adopted to suit the local community needs.
- *Adolescent Health Training Module* is being developed, due out December 1999.
- *Aged Care Manual, RACGP Training Program, 1997*. This Manual provides information about the elderly specific to meeting the aged care curriculum statement objectives.
- *Breast Cancer Training Module* is being developed, due out December 1999.
- *CheckuP 2* is a self-checking, computerised, multiple choice question program which provides instant feedback, operating in a Windows 3.1 and Windows '95 environment. It is available in numerous topics.
- *Critical Thinking and Research Training Module* is being developed, due out December 1999.
- *Ethnic Health Training Module, RACGP Training Program, 1997*. This training module outlines a process for covering the objectives in the Ethnic Health Care statement and outlines suitable resources.
- *Identification of the Seriously Ill Child Training Module, RACGP Training Program, 1999*. This training module and CD-ROM are designed to assist

registrars to achieve the required learning objectives in the Children and Young People's Health curriculum statement.

Essential Texts

- Eckermann K A, Dowd T, Martin M, Nixon L, Gray R, Chong E. *Binan Goonj: Bridging Cultures in Aboriginal Health*. University of New England Press, Armidale. 2nd edition, 1997.
- McWhinney, I R. *A Textbook of Family Medicine*, Oxford University Press; 1989.
- Murtagh, J. *General Practice* second edition, McGraw-Hill. 1998
- van Doorn, H. *Common Problems Checklist for General Practice*, RACGP Training Program. 1993.
- Stewart M. et al., *Patient-centred medicine*. Sage Publications. 1995.

Other useful resources are listed in each curriculum statement.

Acknowledgements

Making Sense of GP Learning was developed by members of the 1998 RACGP Training Program national Curriculum Committee. *In alphabetical order*

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